

Maryland State Board of Dental Examiners  
Spring Grove Hospital Center • Benjamin Rush Building  
55 Wade Avenue  
Catonsville, Maryland 21228  
(410) 402-8511

**APPLICATION FOR A TEACHER'S LICENSE - DENTISTRY OR DENTAL HYGIENE**

**SECTION I – GENERAL INFORMATION**

<b>Name</b> (Last, First, Middle Initial):	
<b>Address of Record:</b> (Street Address)	
<b>City, State, Zip:</b>	

**APPLICATION FEES – MADE PAYABLE TO THE MARYLAND STATE BOARD OF DENTAL EXAMINERS**

Dentist: \$225

Dental Hygienist: \$225

Foreign Graduates: \$75 credentials processing fee

**A. Social Security Number:**       -   -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

**B. Date of Birth:**                      -   -

**C. Home Phone Number:**           -    -

**D. Work Phone Number:**           -    -

**E. E-Mail Address:**               

**F. Type of License Requested:**    ☐ Dental Teacher's License            ☐ Dental Hygiene Teacher's License

**SECTION II – LICENSURE**

☐ Yes    ☐ No    I am licensed to practice dentistry or dental hygiene in another state.

List the state(s) or jurisdiction(s) in which you hold or have ever held a dental or dental hygiene license. Include license number(s).

State	License Number

**SECTION III - EDUCATION**

**A. School of Graduation (Name, City, State, Country):** \_\_\_\_\_  
\_\_\_\_\_

**B. Date of Graduation:** \_\_\_\_\_ **Degree Earned:** \_\_\_\_\_

**SECTION IV – SPECIALTIES**

Does the Maryland State Board of Dental Examiners recognize you as a specialist? ☐ Yes ☐ No

If so, please indicate specialty? \_\_\_\_\_

## **SECTION V – EDUCATIONAL FACILITY**

**A. I will be a full-time faculty member of: (provide name and address of college or university)**

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## **SECTION VI – EXPERIENCE**

☐ Yes ☐ No I have actively practiced dentistry for at least 5 years.

☐ Yes ☐ No I have actively practiced dental hygiene for at least 5 years.

(See Guidelines for requirement to submit a notarized statement or documentation of clinical experience.)

## **SECTION VII - CHARACTER AND FITNESS:**

If you answer "YES" to any question(s) in Section VII – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction or any federal or state entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction by any licensing or disciplinary board or any federal or state entity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist or dental hygiene license been withdrawn for any reason?   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system?  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding traffic violations?  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry or dental hygiene?   |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?  |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you been named as a defendant in a filing or settlement of a malpractice action?   |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal or state entity for any disciplinary reasons or while under investigation for disciplinary reasons? |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Have you ever failed a state, jurisdictional, or regional dental or dental hygiene examination, or any part of a state, jurisdictional or regional dental or dental hygiene examination for licensure?  |

**Notice For Mailing List:**

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, the Annotated Code of MD, State Government Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**Applicant Signature**

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

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**Applicant Signature**

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**Date****NOTARY SECTION**

State of \_\_\_\_\_, County of \_\_\_\_\_, Then personally appeared the above named \_\_\_\_\_, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**SEAL**

# MARYLAND STATE BOARD OF DENTAL EXAMINERS

## Application for a Teacher's License Dentistry or Dental Hygiene



### Check List for Dentists

*Please review prior to sending your application package to the Board.*

### Path 1 Candidates

- ☐ 1. Is your application completed front and back?
  - ☐ Did you sign and have the application notarized?
- ☐ 2. Did you enclose the non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- ☐ 3. Did you enclosed a photograph, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me"?
- ☐ 4. Did you include certified proof of your dental education, such as a copy of a diploma or a letter from the school? *Please note that the original embossed school seal must be affixed to copies of transcripts and diplomas submitted to the Board.*
- ☐ 5. Did you enclose certified letters with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- ☐ 6. Did you enclose a notarized affidavit, or other evidence satisfactory to the Board, that you have been active in the dental profession for at least 5 years.
- ☐ 7. Did you enclose a letter from the institution at which you will be teaching requesting that a Teacher's License be issued to the applicant and confirming that the applicant is a full-time or part-time faculty member at the institution?
- ☐ 8. Did you include documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?

Path 2 Candidates – See Reverse Side

## **Path 2 Candidates**

- ☐ 1. Is your application completed front and back?
  - ☐ Did you sign and have the application notarized?
- ☐ 2. Did you enclose the non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- ☐ 3. Did you enclosed a photograph, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me"?
- ☐ 4. Did you enclose a copy of a degree or diploma issued to the applicant by the foreign dental school conferring it, properly authenticated by an official of that foreign dental school authorized to make the authentication?
- ☐ 5. Did you enclose a copy of the subjects taken and credits earned by the applicant at the foreign dental school duly authenticated by an official of that foreign dental school authorized to make the authentication?
- ☐ 6. If applicable, did you enclose a copy of the license to practice dentistry issued by the foreign country, or the proper subdivision of the foreign country, in which the applicant has graduated, duly authenticated by the issuing authority?
- ☐ 7. Did you enclose a translation into English of a degree, diploma or license required to be furnished to the Board, certified by an individual acceptable to the Board, is issued in a language other than English?
- ☐ 8. Did you enclose two (2) letters of recommendation, written by persons acceptable to the Board, which shall certify to the Board the good moral character of the applicant and the applicant's age, qualifications, background, and experience?
- ☐ 9. Did you enclose proof satisfactory to the Board that the applicant has at least 5 years of clinical dental experience?
- ☐ 10. Did you enclose proof satisfactory to the Board that the applicant is professionally competent?
- ☐ 11. Did you enclose a letter from the Dean, University of Maryland Dental School requesting that a Teacher's License be issued to the applicant and confirming that the applicant is a full-time or part-time faculty member and requesting a waiver of the criteria in Path 1?
- ☐ 12. If applicable, did you enclose evidence of legal name change, such as a marriage certificate or court documents?

## **Path 1 Candidates – See Reverse Side**

## **MARYLAND STATE BOARD OF DENTAL EXAMINERS GUIDELINES FOR APPLYING FOR A TEACHER'S LICENSE - DENTISTRY**

The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

### **Path 1 Candidates**

**A dentist is eligible for a dental teacher's license if the dentist meets the following criteria:**

- a. Be of good moral character; and
- b. Be at least 21 years of age; and
- c. Holds a Degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or its equivalent, from a college or university that is authorized by any state of the United States or any province of Canada to grant a degree and is recognized by the board as requiring adequate professional collegiate training and as maintaining an acceptable course of dental instruction; and
- d. Be licensed to practice dentistry in any other state; and
- e. Have been active in the dental profession for at least five (5) years; and
- f. Be a full-time or part-time faculty member at a college or university where the applicant teaches a subject required by the dental school of that college or university; and
- g. Meets the requirements established by the American Dental Association for the specialty, if the applicant is engaged in a teaching area designated as a specialty by the American Dental Association.

### **Path 2 Candidates – University of Maryland Dental School Faculty**

**A dentist who does not meet the Path 1 criteria may be eligible for a dental teacher's license if the dentist has been appointed to a full-time faculty position at the University of Maryland Dental School and meets the following criteria:**

- a. Be at least 21 years of age; and
- b. Holds a Degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or an equivalent degree from a school, college or faculty of dentistry; and
- c. Demonstrates that the applicant has had at least 5 years of clinical dental experience; and
- d. Is found to be of good moral character and professionally competent; and
- e. The Dean of the University of Maryland Dental School requests the waiver and circumstances exist that justify the granting of a waiver.

**To apply for licensure, submit the Application for a Teacher's License – Dentistry or Dental Hygiene and enclose the following with your application:**

### **Path 1 Candidates**

- A \$225 *non-refundable fee*. A money order or check made payable to the Maryland State Board of Dental Examiners.
- A *photograph*, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."

- *Certified proof of your dental education.* Acceptable proof includes a certified **copy** of a diploma, a letter from the school, or official transcripts. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.**
- *A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.*
- *A notarized statement attesting to the applicant's active practice history* of at least 5 years preceding application in Maryland for licensure as a Dental Teacher. The statement must include the dates of practice, hours practiced, and location of practice.
- *A letter from the institution at which you will be teaching requesting that a Teacher's License be issued to the applicant and confirming that the applicant is a full-time or part-time faculty member at the institution.*
- *If applicable, evidence of legal name change,* such as a marriage certificate or court documents.

### **Path 2 Candidates**

- *A \$300 non-refundable fee.* A money order or check made payable to the Maryland State Board of Dental Examiners.
- *A photograph,* not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."
- *A copy of a degree or diploma issued to the applicant by the foreign dental school conferring it, properly authenticated by an official of that foreign dental school authorized to make the authentication; and*
- *A copy of the subjects taken and the credits earned by the applicant at the foreign dental school duly authenticated by an official of that foreign dental school authorized to make the authentication; and*
- *If the applicant has been licensed to practice dentistry in a foreign country, a copy of the license to practice dentistry issued by the foreign country, or the proper subdivision of the foreign country, in which the applicant has graduated, duly authenticated by the issuing authority; and*
- *A translation into English of a degree, diploma or license required to be furnished to the Board, certified by an individual acceptable to the Board, if issued in a language other than English; and*
- *Two letters of recommendation, written by persons acceptable to the Board, which shall certify to the Board the good moral character of the applicant and the applicant's age, qualifications, background and experience, if any; and*
- *A letter from the Dean of the college or university in which the applicant is to teach a subject indicating that the applicant possesses sufficient comprehension and communication skills in written and spoken English to enable the applicant to adequately teach dentistry.*
- *Proof satisfactory to the Board that the applicant has at least 5 years of clinical dental experience; and*
- *Proof satisfactory to the Board that the applicant is professionally competent; and*
- *A letter from the Dean, University of Maryland Dental School requesting that a Teacher's License be issued to the applicant and confirming that the applicant is a full-time or part-time faculty member and requesting a waiver of the criteria in Path I; and*
- *If applicable, evidence of legal name change,* such as a marriage certificate or court documents.

**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

Maryland State Board of Dental Examiners  
Spring Grove Hospital Center  
Benjamin Rush Building  
55 Wade Avenue  
Catonsville, MD 21228  
ATTN: Licensing Unit

***Revised 11/06/06***